ICD-10 Changes for Alabama Medicaid

Topics

- ICD-10 Overview
- ICD-10 Code Information
- ICD-10 Effective Date
- General Change Information
- Who is affected by ICD-10 Changes?
- Medicaid Interactive Web Portal changes
- Provider Electronic Solutions (PES) changes
- Vendor product changes – Electronic Data Interchange (EDI)
- Unaffected transactions
- Prior Authorization information

Topics

- Form Changes
- Claims that span the ICD-10 implementation date
- New EOB Codes
- Modified EOB Codes
- How to prepare for ICD-10
- Testing information
- Links for additional information
- Contact information

ICD-10 Overview

The International Classification of Diseases, 10th Revision (ICD-10) medical coding system is mandated for use by the U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS); replacing ICD-9 CM codes (volumes 1-3). Due to the enhanced specificity and level of detail of the ICD-10 code set, the transition is anticipated to have a impact on the Alabama Medicaid program, health care providers and trading partners. ICD-10 Clinical Modification (CM) and the ICD-10 Procedure Code System (PCS) codes will improve the ability to monitor the incidence and prevalence of diseases, track treatment and health care delivery, and prepare for Electronic Health Record (EHR) use.

ICD-10 Code Information

Diagnosis Codes

- The number of codes will increase from about 17,000 to over 69,000.
- The code itself will expand from five to seven maximum characters.

Surgical Procedure Codes

- The number of codes will increase from about 4,500 to almost 72,000.
- The code itself will increase from a maximum of four characters to seven required alphanumeric characters.

ICD-10 Effective Date for Alabama Medicaid

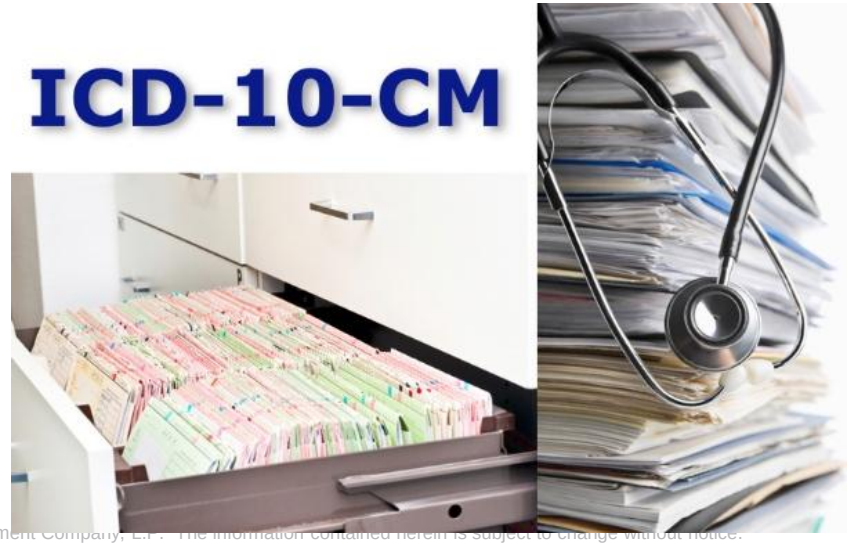
Although CMS has delayed the implementation for ICD-10 from October 1, 2013, to October 1, 2014, the Alabama Medicaid Agency has implemented ICD-10 changes as of October 2013. Alabama Medicaid will not require or accept the submission of ICD-10 codes prior to the CMS mandate date, which is currently October 1, 2014.

General Change Information

- ICD-10 diagnosis and surgical procedure codes will be added.
- ICD indicator will be added for each diagnosis and surgical procedure code.
- The number of diagnosis code fields will increase to twelve entries for 837P (professional).
- Patient reason for visit codes (837I-institutional) will increase from one entry to three. Each value will be edited if entered.
- ICD-9 and ICD-10 codes can not be billed on the same claim.
- ICD-9 codes can not be billed for services performed after the CMS mandate date (some exceptions exist see slides 27-32).
- ICD-10 codes can not be billed for services performed before the CMS mandate date (some exceptions exist see slides 27-32).
- Providers must continue to submit diagnosis codes at the furtherest subdivision.

Who is affected by ICD-10 changes?

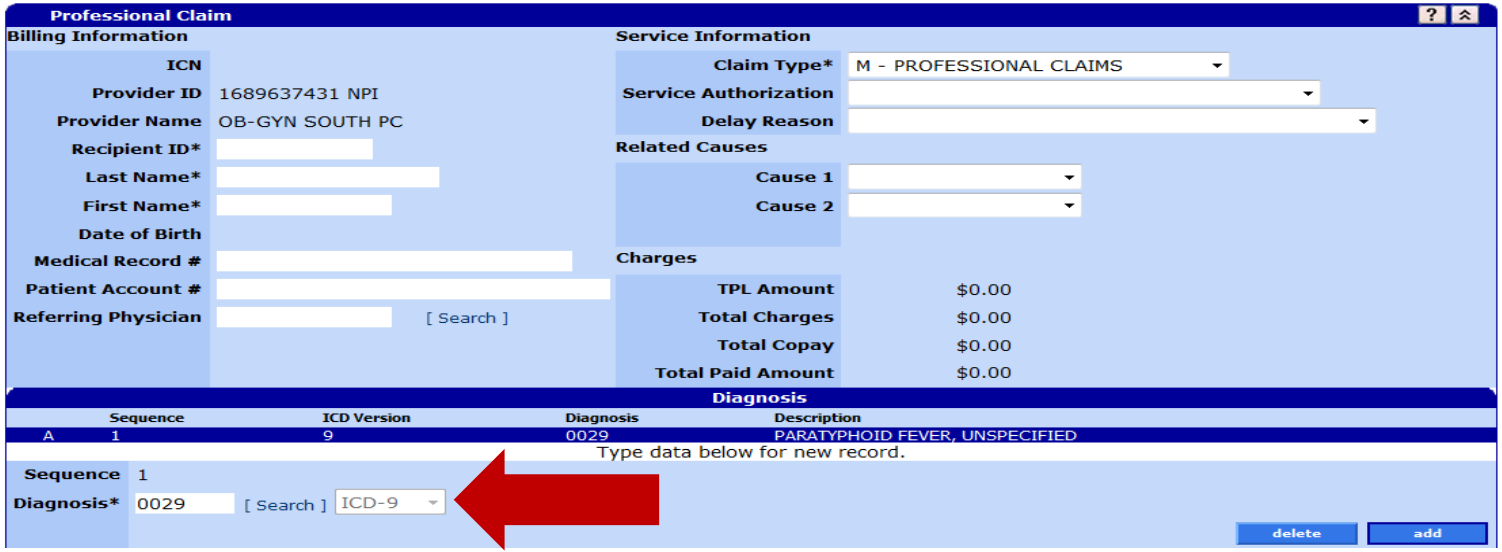
- Any provider who submits claims using ICD-9 codes must use ICD-10 codes as of the CMS mandate date.
- At this time, pharmacy claims and dental claims are not required to include an ICD diagnosis code.



Web Portal Changes

Professional Claim

- When a diagnosis code is entered, the system will determine which ICD version applies
- Reminder: ICD versions may not be combined on a single claim

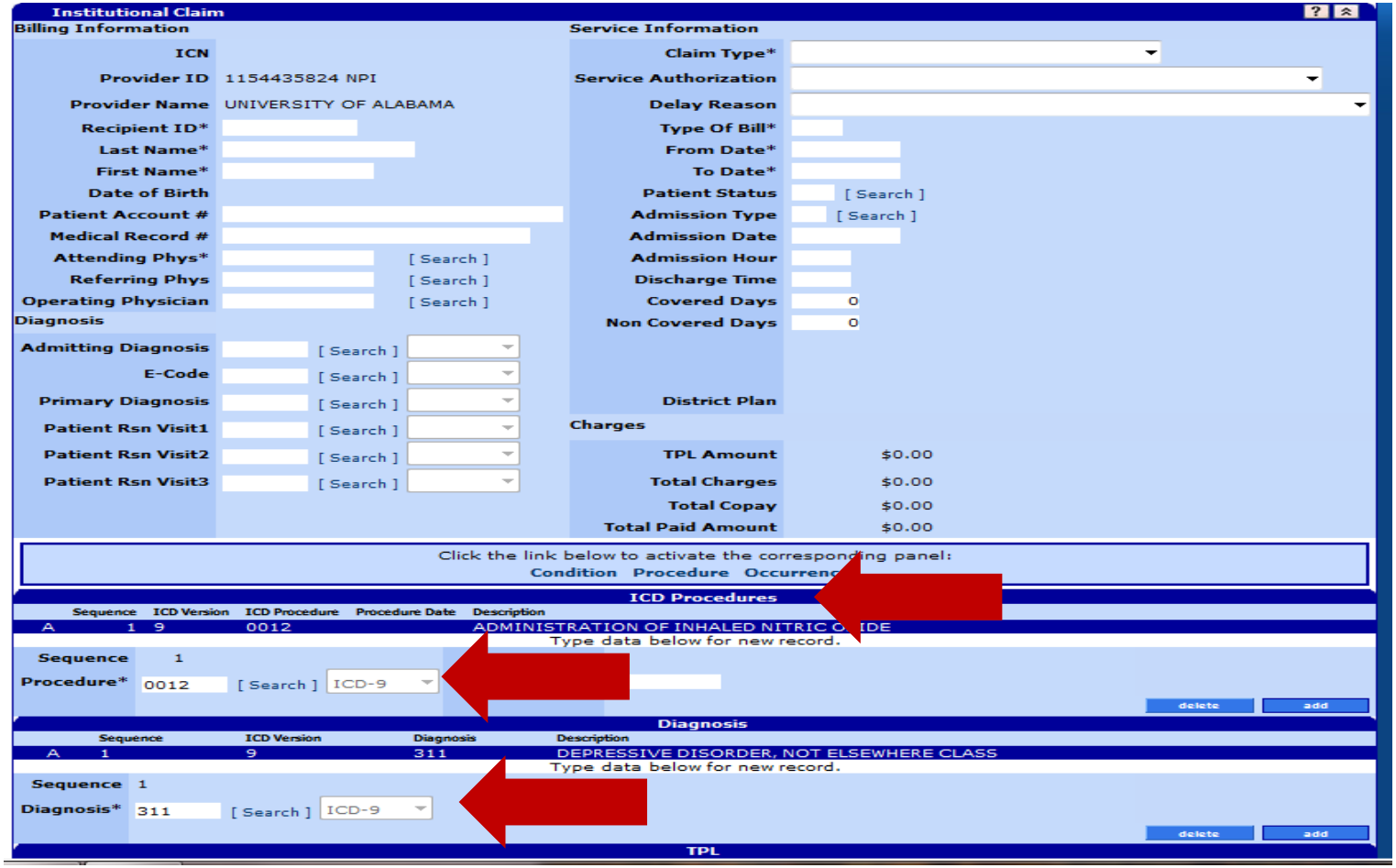


Web Portal Changes

Institutional Claims

- When a diagnosis or surgical procedure code is entered, the system will determine which ICD version applies
- Reminder: ICD versions may not be combined on a single claim
- Title changing on claim form from ‘ICD-9 Procedures’ to ‘ICD Procedures’
- Providers will now be able to enter up to three ‘patient reason for visit’ codes

See next slide for detailed screen information



Provider Electronic Solutions Software

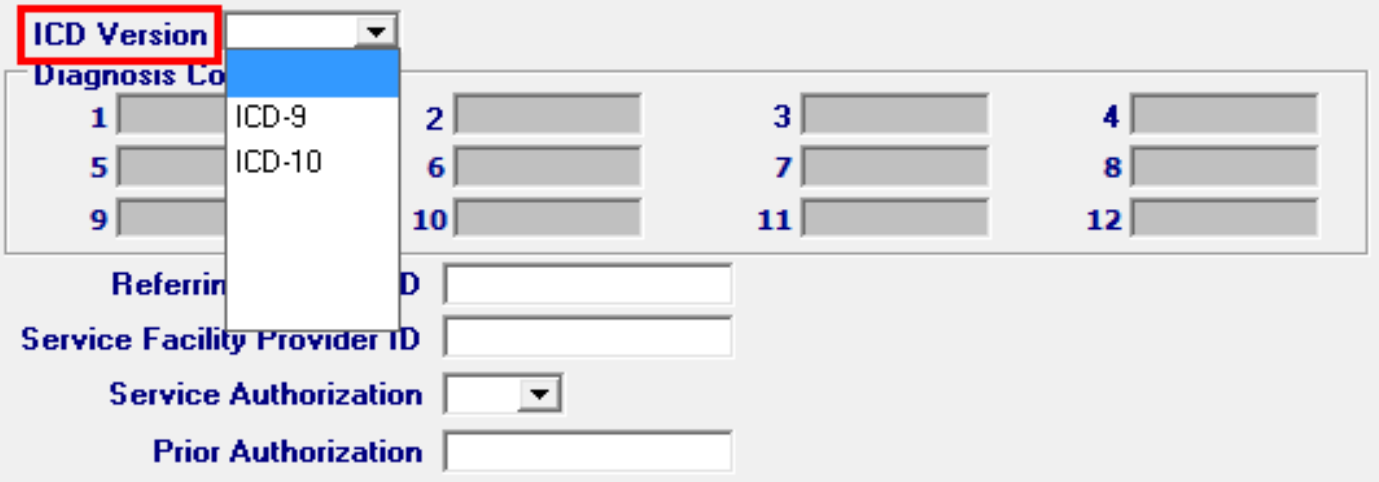
- Version 3.02 was released in November, 2012
- Version 3.02 contains the necessary changes related to ICD-10

The next several slides detail changes related to ICD-10 for Provider Electronic Solutions.

Provider Electronic Solutions Changes

Professional Claim Form

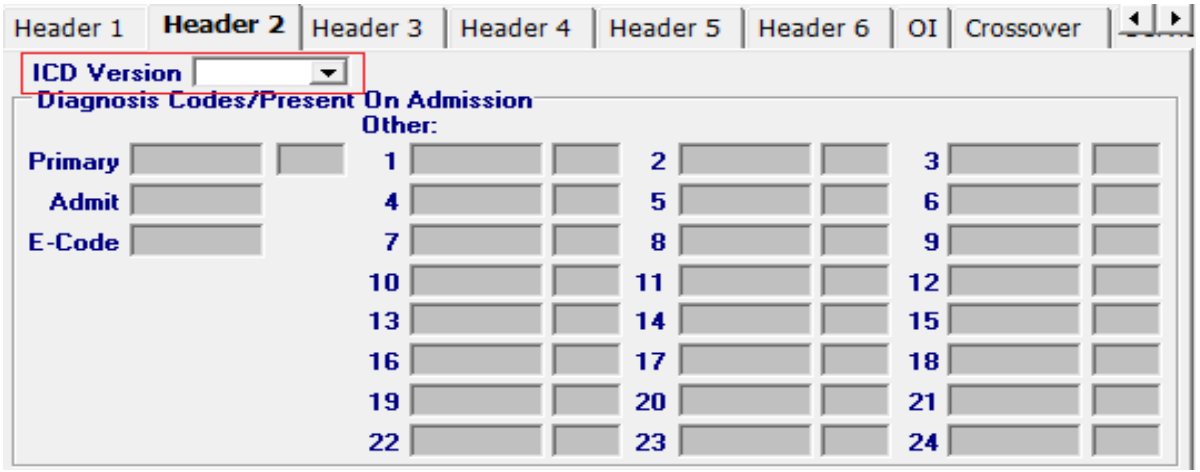
- Claims must be submitted with an ICD version indicator
- Default for claims submission is currently ICD-9



Provider Electronic Solutions Changes

Institutional Inpatient Claim

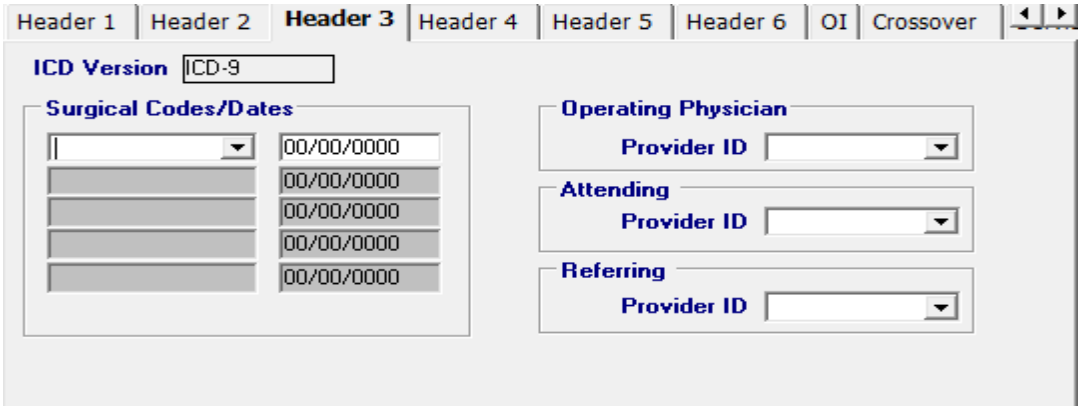
- Header 2 tab is for entering diagnosis code information
- When entering a diagnosis code, the appropriate ICD version is required
- Default for claims submission is currently ICD-9



Provider Electronic Solutions Changes

Institutional Inpatient Claim

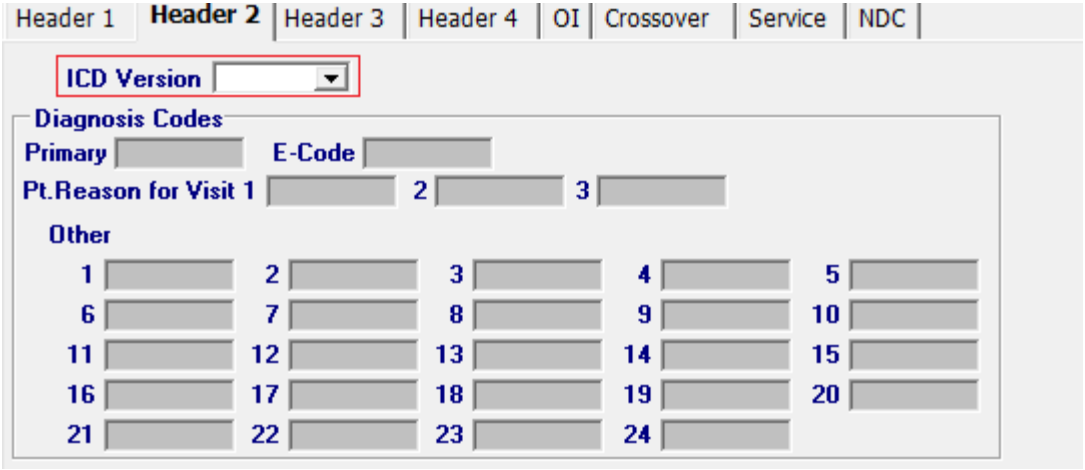
- Header 3 tab is for entering surgical procedure code information
- When entering a surgical procedure code, the appropriate ICD version is required
- Default for claims submission is currently ICD-9



Provider Electronic Solutions Changes

Institutional Outpatient Claim

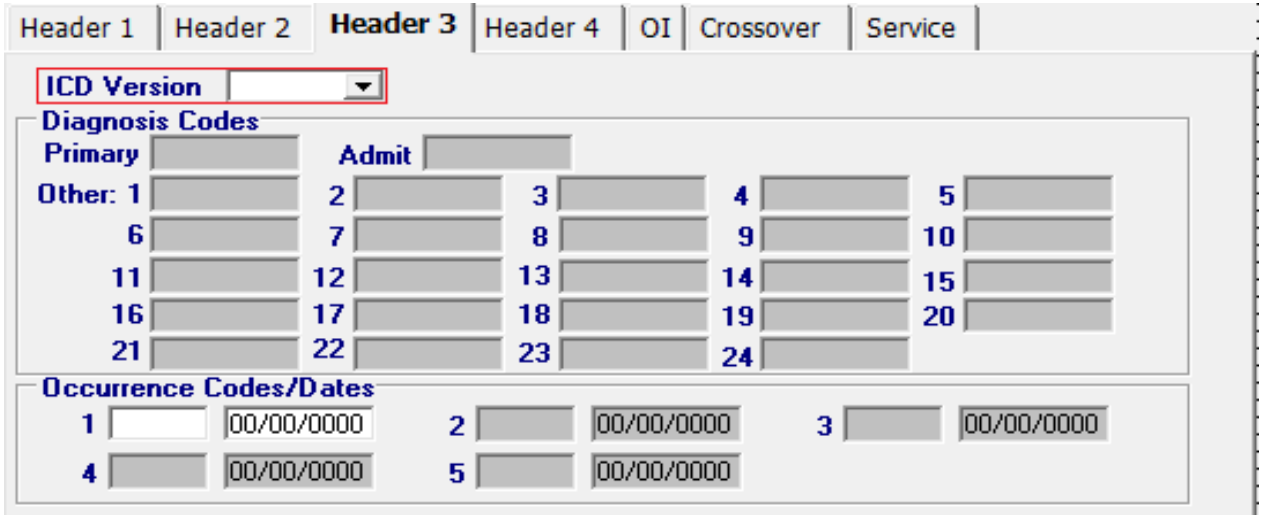
- Header 2 tab is for entering diagnosis code information
- When entering a diagnosis code, the appropriate ICD version is required
- Default for claims submission is currently ICD-9



Provider Electronic Solutions Changes

Long Term Care Claim

- Header 3 tab is for entering diagnosis code information
- When entering a diagnosis code, the appropriate ICD version is required
- Default for claims submission is currently ICD-9



Changes to Claims Submitted Using a Vendor Product

- 837P transactions may not be submitted with a combination of ICD-9 and ICD-10 diagnosis qualifiers
- 837I transactions may not be submitted with a combination of ICD-9 and ICD-10 diagnosis and surgical procedure qualifiers
- Providers should contact their software vendor or clearinghouse for specific details on availability of an ICD-10 software upgrade

Unaffected Transactions

- 270/271 (Eligibility Request/Response)
- 276/277 (Claim Status Request/Response)
- 835 (Claim payment/remittance advice)
- 837D (Dental claims)
- 999 (Acknowledgement document)
- NCPDP Versions D.0 and 1.2 (Pharmacy claims)
- Batch Response File

Prior Authorization Information

- The diagnosis code that is submitted on the PA header must be consistent with the effective date of each Prior Authorization (PA) detail
  - PA's already submitted will require no action on the provider's part. Claims will continue to process off the current ICD-9 PAs
  - The PA header record diagnosis code and version indicator must be ICD-9 when the requested effective date on each PA detail line item is less than the CMS mandate effective date, and must be ICD-10 when the requested effective date on each PA detail line item is greater than cutoff date for ICD-9
- It is permissible for a PA detail line item requested effective date to occur before the CMS mandate date and the requested end occur after the cutoff date for ICD-9 (i.e. "span" the implementation date).

Form Changes Related to ICD-10

The following forms are being updated to accommodate ICD-10. Watch for future Provider Insiders, ICD-10 e-mail notifications and the ICD-10 section on the Medicaid website for release information and effective dates for use.

- CMS-1500 02/12 (Professional claim form)
- Form 340B (Medical Medicaid/Medicare Related Claim)
- UB-04 (Institutional claim form)
  - Alabama Medicaid will now edit the 2nd and 3rd occurrences of Patient Reason for Visit (block 70)

CMS-1500 (02/12) Paper Claim Changes

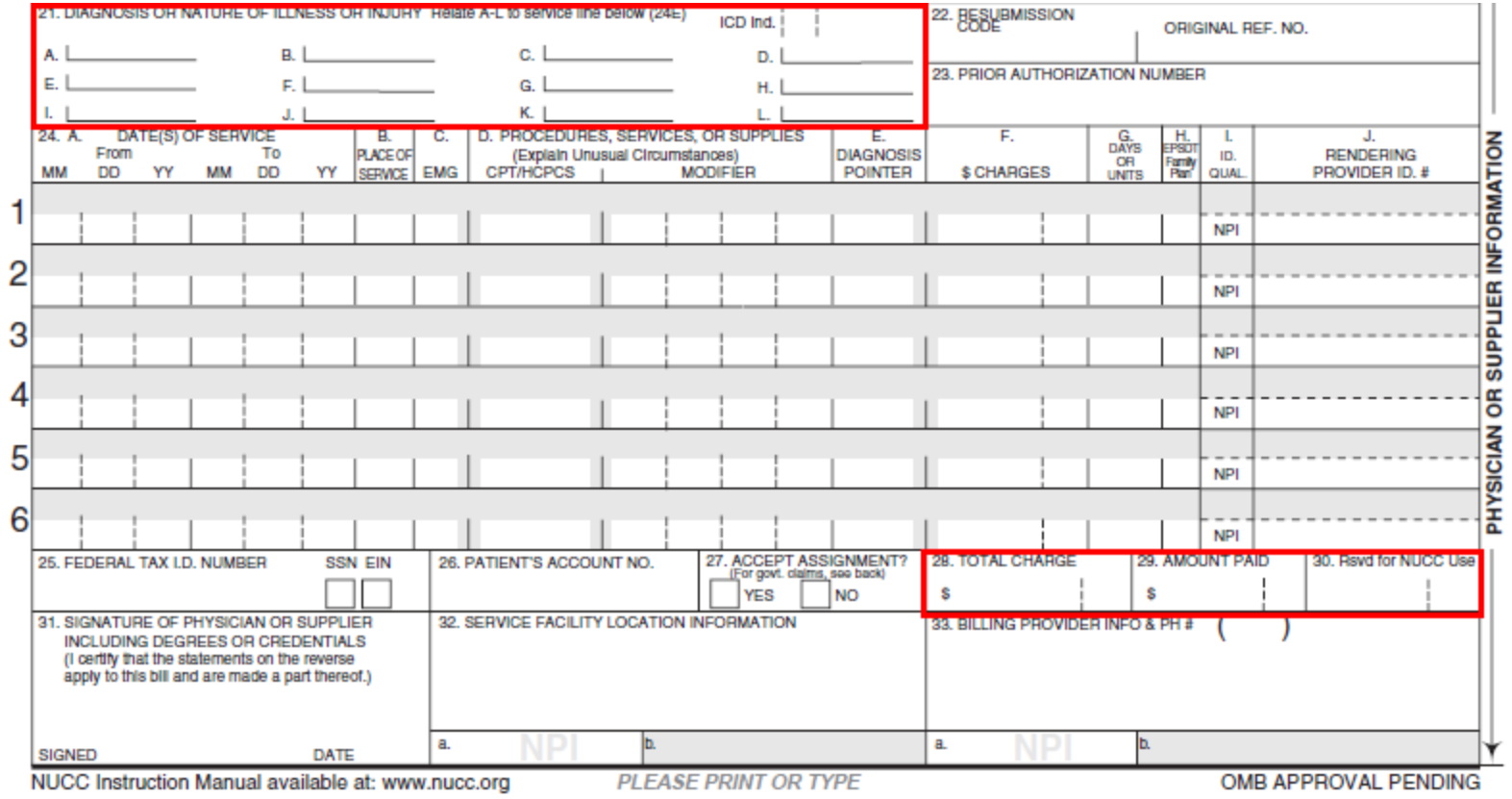
CMS-1500 Claim Form

The National Uniform Claim Committee (NUCC) announced the release of a revised version of the CMS-1500 claim form (02/12). The revised version will update the current form (version 08/05).

- ICD-10 changes for the CMS-1500 claim form
  - Block 21 (Diagnosis or nature of illness or injury) now has 12 entry fields (A-L)
  - Block 21 ('ICD Ind') has been added
  - Block 30 Balance due field changed to Rsvd for NUCC Use

(See next slide for CMS-1500 02/12 example)

CMS-1500 Claim Form Changes



Form 340B Paper Claim Changes ('Crossover' Form)

Form 340B (Medical Medicaid/Medicare Related Claim)

- ICD-10 changes for the Form 340B claim form
  - Block 3 (Diagnosis codes) now has 12 entry fields (A-L)
  - Block 4 (Version) has been added

The following changes are not related to ICD-10 but are changing with the form enhancement

- Additional Third Party Liability Fields Added
  - Reminder to attach TPL denial when services are denied by other insurance
  - Reminder to attach Medicaid other insurance attachment form (ALTPL01) when other insurance makes a payment or applies to co-insurance/deductible
- Up to four modifiers may be submitted on a claim
- Diagnosis pointer field is now available to associate a diagnosis code with a service line

(See next slide for form 340B example)

Do not write in this space. Do not use red ink to complete this form.

MEDICAL
MEDICAID/MEDICARE
RELATED CLAIM

1. Recipient Information

a. Medicaid ID	
b. First Name	
c. Last Name	
d. Med. Rec. #	
e. Patient Acct. # (Optional)	

2. Other Insurance Information

a. Covered by other insurance (Except Medicare)? Enter Y if yes or N if no	
b. If other insurance rejected, attach rejection to completed claim and mail to HP and enter date TPL was denied here (MM/DD/YY).	
c. If other insurance paid, attach the completed Medicaid Other Insurance Attachment form (ALTPL01) and mail to HP.	

3. DIAGNOSIS CODES

A. _____ B. _____ C. _____ D. _____ E. _____ F. _____

G. _____ H. _____ I. _____ J. _____ K. _____ L. _____

4. VERSION: 9=ICD-9, 0=ICD-10

5. DETAIL OF SERVICES PROVIDED

a. DATES OF SERVICE FROM	THRU	b. POS	c. NDC d. PROCEDURE CODE	e. UNIT	f. MOD	g. DIAG PTR	h. CHARGES	MEDICARE i. ALLOWED	j. COINS.	k. DEDUCTIBLE	l. PAID
1											
2											
3											
4											
5											
6											
7											
8											
9											
6. TOTALS							a.	b.	c.	d.	e.

It is not necessary to attach Medicare EOMB to this claim unless claim dates of service are over one year old AND Medicare payment is less than 120 days old.

7. Billing Provider Name	a.			
7. Billing Provider ID	b. NPI	c. Taxonomy	d. Qlf	e. Secondary ID
8. Performing Provider Name	a.			
8. Performing Provider ID	b. NPI	c. Taxonomy	d. Qlf	e. Secondary ID

Submit completed claim to:

HP
Post Office Box 244032
Montgomery, AL 36124-4032

9. Billing Provider mailing address required in block below:

Dental Paper Claim Form Change

ADA Dental Claim Form (J430D)

- The American Dental Association (ADA) has revised the Dental Claim Form for 2012.
- This version will be adopted and mandated for use by Alabama Medicaid in the near future. Information on a specific implementation date will be announced at a later time.
- Once the new form is implemented, claims submitted on the current form 2006 ADA will be returned without being processed.

How to File Claims That Span ICD-10 Implementation Date

Alabama Medicaid will follow the same guidelines published by CMS for general claims submission and for claims that span the ICD-10 mandated implementation date.

The tables on the next several slides outline specific information for Alabama Medicaid providers.

Please refer to the links below to read the complete article:

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1325.pdf

Claims That Span the ICD-10 Implementation Date

Information for Institutional Providers

Bill Type	Claims Processing Requirement	Use From or Through Date
11X	If the claim has a discharge and through date on or after 10/1/14, bill the entire claim as ICD-10	Through
12X	Split Claims-Require providers split the claim so all ICD-9 codes remain on one claim with DOS through 9/30/14, and all ICD-10 codes placed on another claim with DOS beginning 10/1/14 and later	From
13X	Split Claims-Require providers split the claim so all ICD-9 codes remain on one claim with DOS through 9/30/14, and all ICD-10 codes placed on another claim with DOS beginning 10/1/14 and later	From

Claims That Span the ICD-10 Implementation Date

Information for Institutional Providers

Bill Type	Claims Processing Requirement	Use From or Through Date
14X	Split Claims-Require providers split the claim so all ICD-9 codes remain on one claim with DOS through 9/30/14, and all ICD-10 codes placed on another claim with DOS beginning 10/1/14 and later	From
18X	If the claim has a discharge and through date on or after 10/1/14, bill the entire claim as ICD-10	Through
21X	If the claim has a discharge and through date on or after 10/1/14, bill the entire claim as ICD-10	Through

Claims That Span the ICD-10 Implementation Date

Information for Institutional Providers

Bill Type	Claims Processing Requirement	Use From or Through Date
22X	Split Claims-Require providers split the claim so all ICD-9 codes remain on one claim with DOS through 9/30/14, and all ICD-10 codes placed on another claim with DOS beginning 10/1/14 and later	From
23X	Split Claims-Require providers split the claim so all ICD-9 codes remain on one claim with DOS through 9/30/14, and all ICD-10 codes placed on another claim with DOS beginning 10/1/14 and later	From

Claims That Span the ICD-10 Implementation Date

Information for Institutional Providers

Bill Type	Claims Processing Requirement	Use From or Through Date
33X	Split Claims-Require providers split the claim so all ICD-9 codes remain on one claim with DOS through 9/30/14, and all ICD-10 codes placed on another claim with DOS beginning 10/1/14 and later	From

Claims That Span the ICD-10 Implementation Date

Information for Providers Filing on Professional Claim Type

Type of Claim	Claims Processing Requirement	Use From or Through Date
Anesthesia	Anesthesia procedures that begin on 9/30/14 but end on 10/1/14 are to be billed with ICD-9 diagnosis codes and use 9/30/14 as both the from and through date	From
DMEPOS	Billing for certain items or supplies may span the ICD-10 compliance date of 10/1/14 (the From date of service occurs prior to 10/1/14 and the to date of service occurs after 10/1/14	From

New EOB Codes Related to ICD-10 Implementation

- **EOB Code 306:** Will set when diagnosis and surgical procedure codes are billed on a claim with different ICD versions. For example, ICD-9 diagnosis codes and ICD-10 surgical procedure codes are billed.

- **EOB Code 307:** Will set when both ICD-9 and ICD-10 surgical procedure codes are billed on a single claim.

- **EOB Code 308:** Will set when both ICD-9 and ICD-10 diagnosis codes are billed on a single claim.

New EOB Codes Related to ICD-10 Implementation

- **EOB Code 4038:** Will set when the Patient Reason for Visit diagnosis code is not on file.

- **EOB Codes 4400 through 4487:** Will set when the required diagnosis criteria for the submitted procedure code, revenue code or surgical procedure code is not met.

New EOB Codes Related to ICD-10 Implementation

- **EOB Code 840:** Will set when claims with ICD-10 codes have dates of service that span the ICD-10 start date. The claim will need to be split and re-billed. Institutional claims with Type of Bill 11X, 18X, 21X, will bypass this edit because these claims are allowed to span the ICD-10 start date.

- **EOB Code 841:** Will set when claims with ICD-9 codes have dates of service that span the ICD-9 end date. The claim will need to be split and re-billed. DME claims will bypass this edit because these claims are allowed to span the ICD-9 end date.

Modified EOB Codes Related to ICD-10 Implementation

- **EOB Code 309:** Will set when the ICD-9 surgical procedure code is entered with discharge or through date of service after the ICD-9 end date, or ICD-10 surgical procedure code is entered with discharge or through date of service before the ICD-10 start date.

- **EOB Code 310:** Will set when the ICD-9 diagnosis code is entered with discharge or through date of service after the ICD-9 end date, or ICD-10 diagnosis code is entered with discharge or through date of service before the ICD-10 start date.

Modified EOB Codes Related to ICD-10 Implementation

- **EOB Codes 4040-4043, 4047-4252:** Will set when the ICD-10 diagnosis codes are not on file which includes diagnosis codes submitted with an invalid format.

- **EOB Code 4027 (Diagnosis Code Not Covered For Date Of Service):** Will set when a claim has been identified as a Span-Date claim by Edits 840/841, only one date of service will be used rather than a date range. CMS' direction regarding which date of service to use will be followed.

How To Prepare for ICD-10

ICD-10 Basics for Medical Practices

- Identify your current systems and work processes that use ICD-9 codes
- Talk with your practice management system vendor about accommodations for ICD-10 and ask when you can expect to have upgrades installed
- Understand the ICD-10 code sets and begin developing a plan for how your organization will utilize these codes in place of existing ICD-9 codes
- Discuss implementation plans with all your clearinghouses, billing services and payers to ensure a smooth transition
- Identify potential changes to work flow and business processes
- Assess staff training needs
- Budget for time and costs related to ICD-10 implementation - including expenses for system changes, resource materials, and training
- Conduct test transactions with your payers and clearinghouses
- Please begin testing with Alabama Medicaid as soon as you are ready

Testing Information

Vendor and provider testing is vital for a successful ICD-10 implementation. Please refer to the Alabama Medicaid ICD-10 Testing page for current information. A testing webinar is also available on the site. Please view this webinar for additional information on how you can get started. Testing for ICD-10 is currently in process and will continue until provider testing needs are met.

Alabama Medicaid ICD-10 Testing website:

http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.12_ICD-10/6.12.3_ICD-10_Testing.aspx

Links for Additional Information

Where can I learn more about ICD-10?

The ICD-10 link on the Medicaid website may be accessed from the general page at http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.12_ICD-10/6.12_ICD-10.aspx

- The page contains the following:
  - Frequently asked questions
  - Vendor and provider readiness surveys (open at different times through implementation)
  - News articles
  - Information on vendor and provider testing
  - Link for providers to sign up for ICD-10 broadcast e-mails
  - Information on Provider Electronic Solutions (PES) version 3.02
  - CMS ICD-10 website: http://www.cms.gov/ICD10

Contact Information

- Providers are encouraged to submit your ICD-10 related questions to your Provider Representative for assistance.
- A link to provider representative contact information may be found at the following link on the Alabama Medicaid website:

  http://www.medicaid.alabama.gov/CONTENT/8.0_Contact/8.2.6.1_Provider_Reps_G1.aspx